Things to know about your housing intake

- **If you do not want to or cannot fill out the attached form, you may call 2-1-1 or 706-405-4775 and a call agent will assist you.**
- Answering yes or no to any question, or refusing to answer any question, does not automatically qualify or disqualify you for services; however, answering completely helps us identify the best program for your needs.
- The information you provide will be shared with agencies that may be able to help. Why is it important that we share this information?
  - To better assess your needs and the needs of others in your community, as well as what services are available to you.
  - To track whether your needs, and the needs of others in your community, were actually met.
  - To improve the quality of care and service for homeless individuals and families.
- **Completing this form is not a promise or guarantee of future housing.**
- What are the next steps?
  - Your intake will be assessed by close of business the following business day and sent to program(s) that may be able to assist you with your housing needs.
  - If you have provided a cell phone number, please make sure the voicemail is set up so we can leave messages for you if we can't reach you
  - You should be contacted by an agency representative by the close of business on the 3rd business day.
  - **If you have not been contacted by an agency by the close of business on the 5th business day, please call 2-1-1 or 706-405-4775.**
  - **Please keep this cover sheet for your records**

Date of Intake:_____/_____ 3rd Business Day: _____/_____ 5th Business Day:_____/_____

(Calls will not be returned on weekends or holidays)

UNITED WAY OF THE CHATTAHOOCHEE VALLEY 2-1-1 Get Connected. Get Answers.

GA-505 CONTINUUM OF CARE

HOME FOR GOOD A Program of the United Way of the Chattahoochee Valley

United Way of the Chattahoochee Valley

FULL NAME: _____ Gender: Female____ Male____

DATE OF BIRTH_____/_____/_____ LAST FOUR OF SSN **-***_____

CONTACT NUMBER: (____) _____-_____ EMAIL:_____

What's the best time of day to contact you? MORNING_____ AFTERNOON_____

If we can't contact you by phone, where's the best place to find you?

_____

Answering YES or NO or refusing to answer any of the following questions neither automatically qualifies nor disqualifies you for a program; it simply helps us identify the best program to meet your needs.

1. Where did you sleep last night?
   _____
2. Have you (and/or your spouse) ever served in the Military (Active Duty, Guard or Reserves)? YES_____ NO _____
   - If so, are you eligible for VA Benefits? YES_____ NO _____ NOT SURE _____
3. Are you **ACTIVELY FLEEING** an episode of Domestic Violence **NOW**? YES ___ NO ___
4. Is this your first experience with homelessness? YES_____ NO _____
5. How long have you been homeless THIS TIME?_____
6. How many times have you been homeless in the past 3 years?_____
   - How many months total in the past 3 years have you been homeless?_____
7. Do you have a source of income? YES_____ NO _____
   - If yes, what is your approximate income $_____ per MONTH
8. Do you have a mental or physical disability or illness? YES _____ NO _____
9. Do you have now or ever had a substance abuse issue? YES _____ NO _____
   - If Yes, do you have an active substance abuse issue? YES _____ NO _____
10. Do you have a spouse/partner or other family members with you? YES _____ NO _____
    - If Yes, how many family members are with you? _____
    - How many are under the age of 18?_____
11. Do you currently have Health Insurance? YES_____ NO _____

12. What is your employment status?
    - Disabled_____
    - Employed Full Time _____ Part Time_____ Temp/Day Labor _____
    - Unemployed _____
    - Student (employed)_____ Student (unemployed) _____
    - Maternity Leave _____
    - Retired _____
    - Self-employed_____

13. Do you receive any type of assistance? **Circle as many as apply**

Child Support Food Stamps Foster Care Supplement General Assistance

Medicaid Medicare Peachcare Pension Retirement Section 8

Social Security/SSI/SSDI TANF Unemployment Veteran's Benefits

WIC Worker's Compensation None Other: _____

14. Is there any additional information you would like to provide? _____

_____

_____

By signing below, I give my permission for this information to be shared with agencies that may be able to assist me in locating and obtaining transitional and/or permanent housing.

_____ _____

Signature **Date**

FOR AGENCY COMPLETING INTAKE USE ONLY

Agency Completing Intake _____

Agency Phone Number_____-_____-_____

Intake Date _____/_____/_____ **Intake completed by:** _____

Shelter or other Diversion resources were provided to the client Yes_____ No_____

ClientTrack ID# (if known) _____

Please email or fax to: cpoole@unitedwayofthecv.org **FAX 706-571-2271**

211 Client ID_____ *211 Contact #*_____ *Sent to CES* ____/____/____